

HEIPA DISTRICT
PO BOX 223 ~ 323 N. LUND ST
VEBLEN, SD 57270

HEIPA DISTRICT - YOUTH ENROLLMENT APPLICATION
(All information as requested must be filled out in order to be enrolled on the youth roster)
(COPY OF TRIBAL ENROLLMENT MUST BE ATTACHED)

Name: _____
First M.I. Last (Maiden)

D.O.B. _____ SWO Enrollment # _____

Current address _____
P.O Box/Street City State Zip Code

(PARENTS)

Mother (maiden name) Father

(GRANDPARENTS)

Maternal Grandmother (Maiden) Paternal Grandmother (Maiden)

Maternal Grandfather Paternal Grandfather

I am hereby requesting membership with the Heipa District of the Lake Traverse Reservation and do hereby clarify that:

I am an enrolled member of Sisseton Wahpeton Oyate.

The date of birth as well as the enrollment number I have provided is correct.

I am not an enrolled member of any other District.

Applicant's (Parent's) Signature: _____
Date

Date approved: _____

Youth Committee Member: _____
Date

Youth Committee Member: _____
Date

PHONE: 605-738-2324

FAX: 605-738-2379